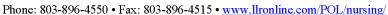


### South Carolina Board of Nursing

P.O. Box 12367 • Columbia, SC 29211





## APPLICATION FOR VOLUNTEER LICENSE INSTRUCTIONS

## SECTION 40-33-37. Volunteer licenses.

- (A) The board may issue a volunteer license without a fee to a retired nurse, upon written application, to donate nursing services through one specific charitable organization approved by the board if the nurse:
  - (1) has been granted inactive status and has practiced not less than twenty-five years or until age sixty-five after a minimum of fifteen years of practice;
  - (2) submits evidence of completing not less than twenty-five hours of initial training with the charitable organization; and
  - (3) has been on the official inactive status list for not more than ten years.
- (B) A volunteer license is not transferable and authorizes the retired nurse to provide nursing services to others without remuneration of any kind. A separate application must be filed and a separate license must be issued for every charitable organization to which the retired nurse wishes to donate nursing services.
- (C) A volunteer license may be renewed annually, except as otherwise provided in Section 40-1-50, upon application and satisfactory demonstration of continued competency or not less than twenty-five hours of service or additional training per year with the same charitable organization. A volunteer license may be renewed if the license has been renewed without interruption with the same charitable organization and all other qualifications have been met.
- **(D)** The board may promulgate regulations to carry out the provisions of this section.



### South Carolina Board of Nursing

P.O. Box 12367 • Columbia, SC 29211

Phone: 803-896-4550 • Fax: 803-896-4515 • www.llronline.com/POL/nursing/



## **Criminal Background Check (CBC)**

Effective March 2, 2009, an applicant for a license to practice nursing in South Carolina shall be subject to a criminal history background check as defined in <u>40-33-25</u> of the Nursing Practice Act.

This process requires you to furnish a full set of fingerprints and additional information required to enable a criminal history background check to be conducted by the State Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI). The cost of conducting a criminal history background check is \$54.25.

To schedule an appointment online with L-1 Enrollment Services (L-1), please visit <a href="https://www.L1enrollment.com">https://www.L1enrollment.com</a> or call 1-866-254-2366 for assistance in scheduling your CBC.

South Carolina applicants will need to show one (1) form of identification - South Carolina State Issued Photo Drivers License.

For out of state applicants who do not hold a South Carolina State Issued Photo Drivers license, you will need to submit two (2) forms of identification from the list below:

State issued photo Drivers License Social Security Card Passport Birth Certificate Marriage License

If you are a non-resident of South Carolina and reside in an area where no L-1 Enrollment Services /IBT fingerprinting centers are available, please follow the Non-Resident Card Scan Processing Procedures on the next page.

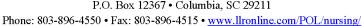
Click here or visit webpage <a href="https://www.L1enrollment.com">https://www.L1enrollment.com</a> to see if your state has L-1 Enrollment Services /IBT fingerprinting centers.





### **South Carolina Board of Nursing**

P.O. Box 12367 • Columbia, SC 29211





## Do not return fingerprint card or fingerprint processing fee to the Board.

## **Non-Resident Card Scan Processing Procedures**

Applicants who reside outside of South Carolina may use L-1's Card Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location. The section below details the procedures for submitting fingerprints to the Card Scan Processing Unit.

### South Carolina Licensing and Certification

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards.
- Fingerprints may be submitted on FBI applicant cards.
- FBI applicant cards are available from the state agency requiring you to be fingerprinted (i.e. Department of Education, Insurance, Labor, Licensing, and Regulation, etc.). Please contact those licensing and certifying agencies directly to obtain fingerprint cards. Due to agency specific information, L-1 does not provide fingerprint cards to applicants.
- Applicants need to make sure the fingerprint card is completely filled out. Required information includes: ORI number, full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, and reason fingerprinted.
- The ORI number and Reason Fingerprinted that must be used for on the fingerprint card should be provided by the licensing or certifying agency. (For South Carolina Nursing Licensure use ORI # SC920112Z)
- Failure to completely fill out the information on the fingerprint card will result in the card being returned to the applicant, which will delay the licensing process.
- The fully completed card, along with the appropriate fee (indicated in the application packet) should then be mailed to the following address:

IBT ATTN: SC CARD SCAN 1650 WABASH AVE SUITE D SPRINGFIELD IL 62704

Please include a daytime telephone number where the applicant can be reached if we have a question about the fingerprint card.

- Please include the full name of the applicant on each check or money order.
- Do not send completed certification or licensing applications to L-1; these documents should be returned to the state agency that will be issuing the license.
- Applicants wishing to verify that a fingerprint card has been processed may call 866-254-2366 and speak with a customer service representative.

Do not return fingerprint card or fingerprint processing fee to the Board.

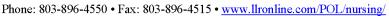


1650 Wabash Avenue, Suite D, Springfield, IL 62704 Telephone 217-793-2080 Facsimile 217-793-0141 www.L1id.com



### **South Carolina Board of Nursing**

P.O. Box 12367 • Columbia, SC 29211





### APPLICATION FOR VOLUNTEER LICENSE

Please print. Answer <u>all</u> questions and submit with proper fee. Careful completion of this application will avoid a delay in processing. Personal information provided in this application may be subject to public scrutiny or release under the SC Freedom of Information Act or other provisions of federal and state law. The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information.

### **APPLICANT INFORMATION**

Full Legal Name: _					
_	First	Middle	Maiden)		Last
Mailing Address:	Street/PO Box	0"			<del></del>
		City	,	State	Zip
Home Address:	Street (physical address required)	City	,	State	Zip
County:	Em	ail Address:_			
SC Nursing Licen	se Number:			RN	_ LPN
Year SC Nursing	License Placed on Inactive	Status? _			
Years Practiced N	lursing?	_			
any federal, state minor traffic violat (If yes, attach a dei	en convicted pled guilty, or, or local law, or do you have ion)? tailed letter of explanation & hat to the SC Board of Nursing)	e charges po	ending (othe	er than	□Yes No□
or consent order fin any jurisdiction (If yes, attach a det	d any investigation, formal of iled against you by any person? tailed letter of explanation. Settion for a copy of the Final Ord	son, hospita	I, or nursing	board issuing	∐Yes No⊡
performance?	ceived disciplinary action by tailed letter of explanation.)	an employe	er for your jo	ob	☐Yes No☐
emotional, that m perform the esser (If yes, attach a dei	ped any disease or condition ight interfere with your ability ntial functions of practice as tailed letter of explanation. If you Professional Program, you may	y to compete a nurse? ou are curren	ently and sa atly enrolled	·	☐Yes No☐

# **CHARITABLE ORGANIZATION (**For which you wish to donate services)

Name:				
Address	Street	City	State	 Zip
Telephone:		Fax :	Otato	
completed no This initial to covering the	ot less than 25 hours raining should be o	table organization docums of initial training with the completed through of a needed for your volunteer iod.	eir organization. (Section package of classroom	40-33-37) instruction
accordance v		Board of Nursing for a by swear/affirm the staten		
Signature			 Date	



## South Carolina Department of Labor, Licensing and Regulation PO Box 12367 Columbia, SC 29211

### AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, <u>ALL</u> applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.				
I, (please print your full name), swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):				
1.  I am a United States citizen or legal permanent resident eighteen years of age or older; or				
2.				
b. I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.				
3.  I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):				
a.   I am a US citizen, not physically present or employed in the United States.				
b.   I am a Foreign National, not physically present or employed in the United States.				
If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.				
Section B: Secure and Verifiable Document.				

This section must be completed if you checked number 1 or 2 in Section A.

Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. <b>State:</b>
☐ Valid Temporary Resident Card
Certificate of Naturalization with intact photo
Certificate of (US) Citizenship with intact photo

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must

Other: (Name of verifiable document)

be provided upon request only.

2.	Social	Security Number		_		
3.		Enter the state or the federal agency name where this secure and verifiable document was issued (If issued by a state agency, include both the state and agency name.)				
4.	What	is the secure and verifiable docu	ment number?	_		
5.	What	is the expiration date of your sec	cure and verifiable de	ocument? <u>/</u> (	MM/DD/YYYY)	
(If	you hold a	document without an expiration	date, such as a milit	ary ID or naturalization cert	ificate, write N/A.)	
Se	ection C:	Attestation.				
•	a profes state law	tand that this sworn statem sional or commercial licer requires me to provide pr required to provide proof of	nse regulated by oof that I am law	8 U.S.C. sec. 1621. I fully present in the Unit	understand that	
•		understand that in accordance with Section 8-29-10 false statements made herein are unishable by law. I state under penalty of perjury that the above statements are true and orrect.				
•	the best informat	person identified above an of my knowledge. I undo on is grounds for deniation or permit.	erstand that und	er South Carolina law,	providing false	
•		tand that the above informing and Regulation upon req		•	rtment of Labor,	
Sig	gnature			Date		
Ple	ease print	your name as shown on y	our secure and v	erifiable document.		
Pro	ofessiona	I	License		Туре:	
Lic	ense	Number	(if	already	licensed):	

The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.